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## ERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICART(0) (FOR USE WITH FORM PTO-875) . CLAIMS AFTER AFTER AFTER AFTER AS FILED AS FILED IH AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>ک</u> J チ TOTAL IND. TOTAL IND. Ψ Ψ TOTAL TOTAL TOTAL TOTAL TLAIMI

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